General

Guideline Title

Best evidence statement (BESt). Preventing patient self-harm.

Bibliographic Source(s)

Cincinnati Children's Hospital Medical Center. Best evidence statement (BESt). Preventing patient self-harm. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2011 Jul 6. 4 p. [13 references]

Guideline Status

This is the current release of the guideline.

Recommendations

Major Recommendations

The strength of the recommendation (strongly recommended, recommended, or no recommendation) and the quality of the evidence (1a-5) are defined at the end of the "Major Recommendations" field.

1. It is recommended that direct care providers working on inpatient psychiatric units and performing constant observation use a therapeutic relationship approach. It has been found that a therapeutic relationship is interpreted as more effective than a controlling or isolating approach (Cleary, 2003 [4a]; Duffy, 1995 [4a]; Vrale & Steen, 2005 [4a]).
   There is insufficient evidence, due to a lack of quantitative studies regarding constant observation, to make a recommendation answering the clinical question; due to safety purposes this is an accepted practice. How this is carried out however, varies. A therapeutic relationship approach can be more successful in maintaining patient safety (Schoppmann, 2007 [4a]; Cleary, 2003 [4a]; Dodds & Bowels, 2001 [5a]).

Definitions:

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
2a or 2b	Best study design for domain
3a or 3b	Fair study design for domain
4a or 4b	Weak study design for domain

Quality Level	Definition
5	Other: General review, expert opinion, case report, consensus report, or guideline

†a = good quality study; b = lesser quality study

Table of Recommendation Strength

Strength	Definition
"Strongly recommended"	There is consensus that benefits clearly outweigh risks and burdens (or vice-versa for negative recommendations).
"Recommended"	There is consensus that benefits are closely balanced with risks and burdens.
No recommendation made	There is lack of consensus to direct development of a recommendation.
Dimensions: In determining the strength of a recommendation, the development group makes a considered judgment in a consensus process that incorporates critically appraised evidence, clinical experience, and other dimensions as listed below.	
1. Grade of the body of evidence (see note above) 2. Safety/harm 3. Health benefit to patient (direct benefit) 4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time) 5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis) 6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome]) 7. Impact on morbidity/mortality or quality of life	

Clinical Algorithm(s)

None provided

Scope

Disease/Condition(s)

- Suicidal ideation
- Previous suicide attempt
- Self-injurious behaviors including suicidal and non-suicidal self harm

Guideline Category

Management

Clinical Specialty

Pediatrics

Psychiatry

Intended Users

Advanced Practice Nurses

Nurses

Physician Assistants

Physicians

Psychologists/Non-physician Behavioral Health Clinicians

Guideline Objective(s)

To evaluate, among inpatient psychiatric patients, if constant observation beginning at admission compared to routine safety checks reduces the incidence of self harm

Target Population

Children and adolescents ages 6-17 admitted to an inpatient psychiatric unit, with suicidal ideation, previous suicide attempts, or self-injurious behaviors including suicidal and non-suicidal self harm at serious risk of self harm

Interventions and Practices Considered

Constant observation of inpatient psychiatric patients beginning at admission versus routine safety checks

Major Outcomes Considered

Incidence of self harm

Methodology

Methods Used to Collect/Select the Evidence

Searches of Electronic Databases

Description of Methods Used to Collect/Select the Evidence

Search Strategy

Databases: CINAHL, Medline, Cochrane Review, PsycINFO, Google Scholar

Keywords: observation, self harm, suicidal behavior, self injurious behavior, adolescents, inpatient, psychiatry

Limits: English language, time frame included articles published in the previous 20 years

Retrieved: July 29, 2010; November 22, 2010

Number of Source Documents

Not stated

Methods Used to Assess the Quality and Strength of the Evidence

Weighting According to a Rating Scheme (Scheme Given)

Rating Scheme for the Strength of the Evidence

Table of Evidence Levels

Quality Level	Definition
1a† or 1b†	Systematic review, meta-analysis, or meta-synthesis of multiple studies
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5	Other: General review, expert opinion, case report, consensus report, or guideline

†a = good quality study; b = lesser quality study

Methods Used to Analyze the Evidence

Systematic Review

Description of the Methods Used to Analyze the Evidence

Not stated

Methods Used to Formulate the Recommendations

Expert Consensus

Description of Methods Used to Formulate the Recommendations

Not stated

Rating Scheme for the Strength of the Recommendations

Table of Recommendation Strength

Strength	Definition
"Strongly recommended"	There is consensus that benefits clearly outweigh risks and burdens (or vice-versa for negative recommendations).
"Recommended"	There is consensus that benefits are closely balanced with risks and burdens.
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Strength	Definition

1. Grade of the body of evidence (see note above)
2. Safety/harm
3. Health benefit to patient (direct benefit)
4. Burden to patient of adherence to recommendation (cost, hassle, discomfort, pain, motivation, ability to adhere, time)
5. Cost-effectiveness to healthcare system (balance of cost/savings of resources, staff time, and supplies based on published studies or onsite analysis)
6. Directness (the extent to which the body of evidence directly answers the clinical question [population/problem, intervention, comparison, outcome])
7. Impact on morbidity/mortality or quality of life

Cost Analysis

A formal cost analysis was not performed and published cost analyses were not reviewed.

Method of Guideline Validation

Internal Peer Review

Description of Method of Guideline Validation

Reviewed by Cincinnati Children's Hospital Medical Center Evidence Federation

Evidence Supporting the Recommendations

References Supporting the Recommendations

Cleary M. The challenges of mental health care reform for contemporary mental health nursing practice: relationships, power and control. Int J Ment Health Nurs. 2003 Jun;12(2):139-47. PubMed

Dodds P, Bowles N. Dismantling formal observation and refocusing nursing activity in acute inpatient psychiatry: a case study. J Psychiatr Ment Health Nurs. 2001 Apr;8(2):183-8. PubMed

Duffy D. Out of the shadows: a study of the special observation of suicidal psychiatric in-patients. J Adv Nurs. 1995 May;21(5):944-50. PubMed

Schoppmann S, Schrock R, Schnepp W, Buscher A. 'Then I just showed her my arms . . .' Bodily sensations in moments of alienation related to self-injurious behaviour. A hermeneutic phenomenological study. J Psychiatr Ment Health Nurs. 2007 Sep;14(6):587-97. PubMed

Vrale GB, Steen E. The dynamics between structure and flexibility in constant observation of psychiatric inpatients with suicidal ideation. J Psychiatr Ment Health Nurs. 2005 Oct;12(5):513-8. PubMed

Type of Evidence Supporting the Recommendations

The type of supporting evidence is identified and graded for each recommendation (see the "Major Recommendations" field).

Benefits/Harms of Implementing the Guideline Recommendations

Potential Benefits

Health benefits include maintaining a safer environment for patients and staff. Using a therapeutic approach to constant observation not only can lead to decrease in self-harm, but also decrease in aggression by having less confrontations resulting from a controlling approach.

Potential Harms

- Utilization of constant observation is associated with large fixed costs. Not all patients should be placed at the highest level of observation; therefore a threshold determined by the Suicide Risk Assessment Tool (SRT) should be used to determine those patients who need constant observation as part of their care plan.
- The risk of patient self-harm increases when there is inconsistent practice in the use of constant observation, especially during new admission and/or transfer from medical units.

Qualifying Statements

Qualifying Statements

This Best Evidence Statement addresses only key points of care for the target population; it is not intended to be a comprehensive practice guideline. These recommendations result from review of literature and practices current at the time of their formulation. This Best Evidence Statement does not preclude using care modalities proven efficacious in studies published subsequent to the current revision of this document. This document is not intended to impose standards of care preventing selective variances from the recommendations to meet the specific and unique requirements of individual patients. Adherence to this Statement is voluntary. The clinician in light of the individual circumstances presented by the patient must make the ultimate judgment regarding the priority of any specific procedure.

Implementation of the Guideline

Description of Implementation Strategy

An implementation strategy was not provided.

Institute of Medicine (IOM) National Healthcare Quality Report Categories

IOM Care Need

Staying Healthy

IOM Domain

Effectiveness

Identifying Information and Availability

Bibliographic Source(s)

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Adaptation

Not applicable: The guideline was not adapted from another source.

Date Released

2011 Jul 6

Guideline Developer(s)

Cincinnati Children's Hospital Medical Center - Hospital/Medical Center

Source(s) of Funding

Cincinnati Children's Hospital Medical Center

Guideline Committee

Not stated

Composition of Group That Authored the Guideline

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Support/Consultation: Mary Ellen Meier, MSN, RN, CPN, Evidence Based Practice Mentor, Center for Professional Excellence, Research & Evidence Based Practice

Financial Disclosures/Conflicts of Interest

There are no known conflicts of interests.

Guideline Status

This is the current release of the guideline.

Guideline Availability

Electronic copies: Available from the Cincinnati Children's Hospital Medical Center .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Availability of Companion Documents

The following are available:

- Judging the strength of a recommendation. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Jan. 1 p. Available from the Cincinnati Children's Hospital Medical Center .
- Grading a body of evidence to answer a clinical question. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 1 p. Available from the Cincinnati Children's Hospital Medical Center .
- Table of evidence levels. Cincinnati (OH): Cincinnati Children's Hospital Medical Center; 2008 Feb 29. 1 p. Available from the Cincinnati Children's Hospital Medical Center .

Print copies: For information regarding the full-text guideline, print copies, or evidence-based practice support services contact the Cincinnati Children's Hospital Medical Center Health James M. Anderson Center for Health Systems Excellence at EBDMInfo@cchmc.org.

Patient Resources

None available

NGC Status

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